

Foster Family Home - Corrective Action Report

Provider ID: 1-512344

Home Name: Estrelita Caramancion, CNA

Review ID: 1-512344-5

94-727 Kuhaulua Place

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 2/8/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification review made on 2/08/2019. Corrective Action Report issued during home inspection with all items due to CTA by 3/08/2019.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN lapsed for CG#3: was due on/before 6/15/2017, done on 5/21/2018.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No record of current TB screening clearance for CG#1 & CG#2, both last done 6/17/2017.

41.(b)(8) - Blood borne pathogen training lapsed for CG#2: was due on/before 6/25/2018 done on 2/01/2019.

Angelica Galindo, RN
Compliance Manager
Estrelita Caramancion
Primary Care Giver

2/08/19
Date
2/08/19
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: ESTRELITA L. CARAMANCION

CCFFH Address: 94-727 KUHATULUA Place, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(9)(2)	CG#3 ARS/CAN Lapsed Cannot be corrected	5/21/2018	Home understand Background Checks. Home will be done 45 days prior to expiration date as a reminder Home will use a calendar on Personal Phone and will use a Bulletin Board to prevent any Future lapses.
41(b)(7)	TB Clearance was obtained for CG#1 + CG#2. It was placed into homerecord	2/8/19	Home understand have a current TB clearance that meets Department Guidelines. Home will be done 45 days prior to expiration date as a reminder. Home will use a calendar on Personal phone and will use a Bulletin Board to prevent any Future lapses
41(b)(8)	BloodBorne Pathogens CG#2 was obtained but cannot be corrected.	2/1/19	Home understand have a Documented Current training in Bloodborne Pathogen and Infection Control. Home will be done 45 days prior to expiration Date. As a reminder Home will use Calendar on Personal Phone and will use a Bulletin Board to prevent any future lapses.

Primary Caregiver's Signature: Estrelita Caramancion

Print Name: Estrelita Caramancion Date of Signature: 4/4/19